

Kansas Health Care Stabilization Fund

Premium Surcharge and Rating Classification System

Effective December 15, 2014

Introduction

The Health Care Stabilization Fund was created by the Kansas Legislature in 1976 upon enactment of the Health Care Provider Insurance Availability Act. The HCSF ("Fund") provides coverage that supplements professional liability insurance purchased by health care providers.

The HCSF Board of Governors is an agency of the State of Kansas. The HCSF Board of Governors does not issue insurance policies or contracts. Professional liability coverage is provided pursuant to the statutory provisions of the Health Care Provider Insurance Availability Act.

FY2015 Overview

The HCSF surcharge rates that were adopted by the Board of Governors for fiscal year 2014 remain in effect for the fiscal year ending June 30, 2015. There are, however, additions to the tables. Five new categories of health care providers are the result of legislation passed during the 2014 Session of the

Kansas Legislature. Otherwise, methods for determining the appropriate surcharge and other rules for calculating payment remain the same. *The minimum surcharge payment for any transaction remains \$50.00. The Missouri active license modification factor remains 30%.*

The Notice of Basic Coverage

General Instructions

The Availability Act requires that insurers notify the Board of Governors when a professional liability policy is issued to a health care provider. A copy of the traditional Notice of Basic Coverage form is appended to this document. There is an easy-to-use version of the NBC readily available at the HCSF website at www.hcsf.org. Select either "For Providers" or "For Insurers" and then select "Forms." The downloadable portable document version of the NBC can be completed on a computer and can then be printed for the health care provider's signature. A certified digital signature is acceptable.

For legal reasons, the health care provider's *residential address* is extremely important and *must be included*. An office mailing address will not suffice. If the health care provider is a facility, the address on the facility's license should be indicated on the NBC.

Whether using a traditional paper NBC or one of the convenient web-based versions, accuracy and completeness will avoid delays. If the essential information required by law is not complete, the NBC will be returned to the insurer.

NBC Section I

Correct spelling of a health care provider's full name is of course important, particularly if the health care provider is new. If the health care provider is a facility or business, it is important to indicate the name identified on the license or in the articles of incorporation; in other words, the legal name of the health care provider. Similarly, if a health care provider business entity is incorporated in Kansas, but has a place of business in another state, it is imperative that the Kansas address be submitted. If a health care provider lives in Kansas but practices in another state, the Kansas residence address must be submitted and must be accurate. The legal domicile is extremely important because it determines statutory coverage under the Health Care Provider Insurance Availability Act.

Beginning January 1, 2015 there will be five new types of health care providers defined as such under the Health Care Provider Insurance Availability Act. Three are facilities and two are professions. The acronyms are: assisted living facilities (ALF), nursing facilities (NF), residential health care facilities (RHCF), nurse-midwives (CNM), and physician assistants (PhyA). Although these new health care providers will not be legally defined as such under K.S.A. 40-3401 until January 1, 2015, the Notice of Basic Coverage may be submitted any time on or after July 1, 2014. HCSF Bulletin 2014-3 describing special circumstances that may apply to the new health care providers the first year is appended to these instructions.

NBC Section II

The Health Care Provider Insurance Availability Act requires each health care provider to choose one of three levels of supplemental professional liability coverage through the HCSF. It is important to note that some health care plans require minimum levels of coverage as a condition of participation, and many medical care facilities require minimum levels of coverage as a condition of staff privileges. The health care provider should make a well-informed decision when choosing the preferred level of HCSF coverage. To assure that the health care provider has acknowledged the level of coverage, a signature is required on the first Notice of Basic Coverage.

Specific permission from the HCSF Board of Governors is required in order to increase the HCSF level of coverage. For this reason, the NBC form cannot be used to increase HCSF coverage. If the health care provider is currently in compliance, upon renewing, it is important to indicate the existing level of coverage. When renewing HCSF compliance, the health care provider's signature is not required. If a health care provider wishes to increase the level of HCSF supplemental coverage, a request form can be completed and submitted to the Board of Governors. The form is available at the HCSF website or upon request.

NBC Section III

The HCSF Board of Governors relies on primary insurers to determine the appropriate risk category of health care providers. The following general guidelines are provided for Section III of the NBC:

1. If the health care provider is a D.O. or an M.D., enter the correct Health Care Stabilization Fund Rate Classification Number listed on pages 4 - 5.

2. Enter the provider's correct license number. If the health care provider is not licensed (for example, a professional corporation) use the provider's federal taxpayer identification number.

3. Enter the provider's primary coverage premium amount. Normally this amount should be the premium determined in accordance with rates and rating factors approved by the Kansas Insurance Department, absent any credits or discounts for policy deductibles. If the policy is for less than 365 days or is a part-time policy, this amount may be the prorated annual premium.

4. Enter the applicable HCSF Class Group Number. These codes are found on page 8.

5. Enter the appropriate Fund compliance year. For all HCSF Class Groups this number should be the length of time that the specific provider has been in Fund compliance, not how long the provider has been insured by the insurance company. The insurer's retroactive date is not necessarily the original date of compliance with the Fund. The only compliance period to be excluded is the time spent in a postgraduate training program. Residents in training are self-insured by the State of Kansas under a unique statutory arrangement. On the other hand, some residents purchase a separate insurance policy to cover their liability exposure resulting from employment in an extracurricular position during residency training ("moonlighting").

If the moonlighting resident was insured under an occurrence policy, the physician's surcharge should be calculated based on the HCSF's first year rate. On the other hand, if the moonlighting resident was insured under a claims-made policy, the compliance period should be taken into account. Because of amendments enacted by the Legislature in 2014, the Fund Surcharge Rating System Agreement form is no longer applicable.

Compliance periods for full-time physician faculty members who were employed by a Faculty Foundation affiliated with the University of Kansas Medical Center should be counted toward the physician's total compliance time. If you are unsure about the length of time a provider has been in compliance with the Fund, please contact this office by sending an email message to hcsf@hcsf.org.

6. Enter the annual HCSF surcharge. For providers in HCSF Class Groups 1 through 14, this amount is determined by the level of coverage selected by the health care provider, the year of Fund compliance, and the HCSF Class Group Number for the provider's specialty. For HCSF Class Group Numbers 15 through 24, the number is a percentage of the provider's basic coverage premium amount. The percentage should be indicated in the HCSF surcharge percentage box and be used to calculate the HCSF surcharge payment, to be indicated in the box immediately to the right of the percentage box. The minimum surcharge is \$50.00. *Review instruction number seven before entering the amount.*

7. There are very few acceptable reasons to adjust the amount of the HCSF surcharge calculation.

a. If the health care provider is classified in one of the groups 1-14 and the basic policy is issued for only part of a year, the annual HCSF surcharge may be prorated. If, however, the health care provider is classified in one of the groups 15-24, and the premium indicated is for only part of a policy year, the HCSF surcharge should not be prorated because it is the product of the applicable percentage rate applied to the premium.

b. The policy may be for a unique part-time practice. If the health care provider is no longer practicing full time (for example, teaching at a university half time and practicing medicine or surgery half time) and the insurer has agreed to issue a part-time policy and charge a reduced premium, the HCSF surcharge may be adjusted commensurately. This does not apply to health care providers who practice in Kansas part-time and practice in another state part-time. Contact the HCSF Compliance Section to discuss part-time insurance policies.

c. The Missouri Modification Factor may be applicable. It applies to all health care providers residing in Kansas who have an active license to render professional services in Missouri. Check the box if applicable and add the additional 30% Missouri rate modification amount to the calculated Fund surcharge. If a health care provider is licensed to practice in Missouri, but is no longer actively practicing in Missouri, he or she may convert the license to inactive until he or she wishes to resume rendering services in Missouri. The modification is not required if the license is inactive.

8. Enter the insurance company name.

9. Enter the name of the insurance agent or company representative and his or her telephone number. An electronic mail address should also be indicated.

If you have any questions regarding these instructions or need assistance with other issues regarding the NBC Form or HCSF surcharge rates, please contact the HCSF office. You may send an email to hcsf@hcsf.org or call (785) 291-3777.

Electronic Compliance Form

There is also an electronic compliance option available at the HCSF website, www.hcsf.org. Move the cursor to either “For Providers” or “For Insurers” and from the drop-down box select “E-Compliance.” The electronic compliance form accommodates both resident and non-resident health care providers as well as Kansas medical care facilities. For that reason, some of the fields may not always be applicable.

An accurate Kansas license number must be entered in the appropriate field because the license number is the key field in the HCSF database. If the health care provider is already in compliance and the NBC is simply for renewal of coverage, several of

the fields in the form will automatically populate after the license number is entered. If any of the information in those fields is outdated or incorrect, the information must be deleted and replaced. The HCSF staff will be alerted that a change has been submitted.

The e-compliance form may be printed for record-keeping and then it can be submitted directly to the HCSF electronically. Payment may also be made electronically using the separate state KanPay system. The convenience fee for a credit card payment is generally more expensive than an electronic transfer directly from a bank account.

HCSF Coverage Limits

The Health Care Provider Insurance Availability Act allows the health care provider to choose one of three levels of HCSF coverage. The selected level of coverage becomes the limit of HCSF liability in the event of a claim against the health care provider. The options are: (1) \$100,000 per claim subject to \$300,000 annual aggregate limit, (2) \$300,000 per claim subject to \$900,000 annual aggregate limit, or (3) \$800,000 per claim subject to \$2,400,000 annual aggregate limit. Choosing the appropriate coverage option is very important.

As noted under “NBC Section II,” the Notice of Basic Coverage form cannot be used for purposes of reducing or increasing coverage limits. A health care provider must complete a request form and submit it to the HCSF Board of Governors for consideration. The forms may be downloaded from the website or may be requested via e-mail message to hcsf@hcsf.org.

The HCSF Classification System

The statutory definition of health care provider includes most doctors (physicians, chiropractors, and podiatrists). It also includes registered nurse anesthetists and a few dentists who are certified by the Board of Healing Arts to administer anesthesia. The definition also includes hospitals, ambulatory surgery centers, and community mental health centers. Optometrists, pharmacists, and physical therapists are listed in the statutory definition, but they are no longer required to comply with the Health Care Provider Insurance Availability Act.

The definition also includes certain professional corporations and limited liability companies that are organized by health care providers for the purpose of providing health care services. Beginning January 1, 2015 the statutory definition will also include physician assistants, advanced practice nurse-midwives, assisted living facilities, nursing facilities, and residential health care facilities. A detailed description of the HCSF classification groups follows on the next few pages and a summary is listed on page 8.

HCSF Rate Classification Numbers and Corresponding Classification Groups

| <u>Description</u> | <u>HCSF Rate Classification Number</u> | <u>HCSF Class Group Number</u> |
|---------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------|
| Aerospace Medicine | 80230 | 2 |
| Allergy | 80254 | 1 |
| Anesthesiology | 80151 | 7 |
| Angiography | 80422 | 3 |
| Arteriography | 80422 | 3 |
| Broncho-Esophagology | 80101 | 5 |
| Cardiovascular Disease - no surgery | 80255 | 2 |
| Cardiovascular Disease - minor surgery | 80281 | 3 |
| Catheterization - arterial, cardiac, or diag - other than 3 exceptions | 80422 | 3 |
| Certified Registered Nurse Anesthetists` | 80960 | 13 |
| Chiropractors | 80410 | 12 |
| Colonoscopy | 80443 | 3 |
| Dermatology - minor surgery | 80282 | 3 |
| Dermatology - No Surgery | 80256 | 1 |
| Diabetes - minor surgery | 80271 | 3 |
| Diabetes - no surgery | 80237 | 2 |
| Discograms | 80422 | 3 |
| Emergency Medicine - including major surgery | 80157 | 8 |
| Emergency Medicine - no major surgery | 80102 | 6 |
| Endocrinology - minor surgery | 80272 | 3 |
| Endocrinology - no surgery | 80238 | 2 |
| ERCP (endoscopic retrograde cholangiopancreatography) | 80443 | 3 |
| Family Physicians or G.P. - minor surgery, no ob procedures | 80423 | 3 |
| Family Practice or G.P. - major surgery, includes ob procedures | 80117 | 5 |
| Family Practice or G.P. - minor surgery, includes obstetrics, but no c-sections | 80421 | 4 |
| Family Practice or G.P. - no surgery | 80420 | 2 |
| Forensic Medicine | 80240 | 1 |
| Gastroenterology - minor surgery | 80274 | 3 |
| Gastroenterology - no surgery | 80241 | 2 |
| General Practice - no surgery | 80242 | 2 |
| General Preventive Medicine - no surgery | 80231 | 2 |
| General Practice - minor surgery | 80275 | 3 |
| Geriatrics - minor surgery | 80276 | 3 |
| Geriatrics - no surgery | 80243 | 2 |
| Gynecology - minor surgery | 80277 | 3 |
| Gynecology - no surgery | 80244 | 2 |
| Hematology - minor surgery | 80278 | 3 |
| Hematology - no surgery | 80245 | 2 |
| Hypnosis | 80232 | 2 |
| Infectious Diseases - minor surgery | 80279 | 3 |
| Infectious Diseases - no surgery | 80246 | 2 |
| Intensive Care Medicine | 80283 | 3 |
| Internal Medicine - minor surgery | 80284 | 3 |
| Internal Medicine - no surgery | 80257 | 2 |
| Invasive Procedures - major | 80422 | 3 |
| Invasive Procedures - minor | 80443 | 3 |
| Laryngology - minor surgery | 80285 | 3 |
| Laryngology - no surgery | 80258 | 2 |
| Lasers - Used in therapy | 80422 | 3 |
| Legal Medicine | 80240 | 1 |
| Neoplastic Diseases - minor surgery | 80286 | 3 |
| Neoplastic Diseases - no surgery | 80259 | 2 |
| Nephrology - minor surgery | 80287 | 3 |
| Nephrology - no surgery | 80260 | 2 |
| Neurology - including child - minor surgery | 80288 | 3 |
| Neurology - including child - no surgery | 80261 | 2 |
| Nuclear Medicine | 80262 | 2 |
| Nutrition | 80248 | 2 |

| Description | HCSF Rate Classification Number | HCSF Class Group Number |
|----------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------|
| Occupational Medicine | 80233 | 2 |
| Ophthalmology - minor surgery | 80289 | 3 |
| Ophthalmology - no surgery | 80263 | 2 |
| Otology - no surgery | 80264 | 2 |
| Otorhinolaryngology - no surgery | 80265 | 2 |
| Otology - minor surgery | 80290 | 3 |
| Otorhinolaryngology - minor surgery | 80291 | 3 |
| Pathology - minor surgery | 80292 | 3 |
| Pathology - no surgery | 80266 | 1 |
| Pediatrics - minor surgery | 80293 | 3 |
| Pediatrics - no surgery | 80267 | 2 |
| Pharmacology - clinical | 80234 | 2 |
| Phlebography | 80422 | 3 |
| Physiatry | 80235 | 2 |
| Physical Medicine and Rehabilitation - no surgery | 80235 | 2 |
| Physicians - minor surgery - N.O.C. | 80294 | 3 |
| Physicians - no surgery - N.O.C. | 80268 | 2 |
| Pneumatic or mechanical esophageal dilation (not with bougie or olive) | 80443 | 3 |
| Podiatrists | 80993 | 14 |
| Psychiatry - including child | 80249 | 1 |
| Psychoanalysis | 80250 | 1 |
| Psychosomatic Medicine | 80251 | 1 |
| Public Health | 80236 | 1 |
| Pulmonary Diseases - no surgery | 80269 | 2 |
| Radiology - diagnostic - minor surgery | 80280 | 3 |
| Radiology - diagnostic - no surgery | 80253 | 2 |
| Rheumatology - no surgery | 80252 | 2 |
| Rhinology - minor surgery | 80270 | 3 |
| Rhinology - no surgery | 80247 | 2 |
| Surgery - abdominal | 80166 | 8 |
| Surgery - bariatric | 80142 | 8 |
| Surgery - cardiac | 80141 | 9 |
| Surgery - cardiovascular disease | 80150 | 9 |
| Surgery - colon and rectal | 80115 | 5 |
| Surgery - endocrinology | 80103 | 5 |
| Surgery - gastroenterology | 80104 | 5 |
| Surgery - general - does not apply to a physician who occasionally performs major surgery | 80143 | 8 |
| Surgery - general practice or family practice | 80117 | 5 |
| Surgery - geriatrics | 80105 | 5 |
| Surgery - gynecology | 80167 | 8 |
| Surgery - hand | 80169 | 8 |
| Surgery - head and neck | 80170 | 8 |
| Surgery - laryngology | 80106 | 6 |
| Surgery - neoplastic | 80107 | 5 |
| Surgery - nephrology | 80108 | 5 |
| Surgery - neurology - including child | 80152 | 11 |
| Surgery - obstetrics | 80168 | 10 |
| Surgery - obstetrics - gynecology | 80153 | 10 |
| Surgery - ophthalmology | 80114 | 3 |
| Surgery - orthopedic | 80154 | 9 |
| Surgery - otology | 80158 | 6 |
| Surgery - otorhinolaryngology | 80159 | 6 |
| Surgery - plastic - N.O.C. | 80156 | 8 |
| Surgery - plastic - otorhinolaryngology | 80155 | 8 |
| Surgery - rhinology | 80160 | 6 |
| Surgery - thoracic | 80144 | 9 |
| Surgery - traumatic | 80171 | 9 |
| Surgery - urological | 80145 | 5 |
| Surgery - vascular | 80146 | 9 |
| Urgent Care Physicians - not involving emergency care medicine | 80424 | 2 |

Detailed Instructions for HCSF Classification Group 3

| HCSF Rate Classification Number | Description |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 80281 | Cardiovascular Disease – Minor Surgery: Cardiologists not engaging in major surgery may qualify under this code if the following are performed: 1) left heart catheterizations; 2) insertion of permanent pacemakers - if by implantation via transvenous endocardial insertion. |
| 80282 | Dermatology: Minor Surgery includes: 1) Dermabrasion: Removal of the external layers of the skin by abrasion. 2) Hair Transplants. 3) Chemabrasion: Removal of the external layers of the skin by chemical means. 4) Deep x-ray therapy. 5) Silicone injections. |
| 80272 | Endocrinology: That branch of medicine which deals with the endocrine (ductless) glands (such as the thyroid, adrenal and pituitary, etc., glands) and with the various internal secretions. Surgical removal of a ductless gland (e.g., thyroidectomy) would be surgery performed by a major surgical specialist. |
| 80294 | Physicians - Minor Surgery, Family Practice and General Practice - Minor Surgery: Includes minor surgical procedures such as D&C's and vasectomies. |
| 80274 | Gastroenterology - Minor Surgery: Procedures include colonoscopic and other endoscopic examinations as well as "needle" and "forceps" biopsies and snare polypectomies. |
| 80276 | Geriatrics - Minor Surgery: Some commonly related minor surgical procedures include: 1) Needle biopsies (NOTE: See "Classification by Procedures."). 2) Myelography and encephalography. 3) Radiopaque dye injections for radiological study purposes. |
| 80277 | Gynecology - Minor Surgery: Includes minor surgery such as: 1) Conization 2) Laser surgery 3) LEEP 4) Hysteroscopy |
| 80284 | Internal Medicine - Minor Surgery: In addition to the procedures described under "INTERNAL MEDICINE - NO SURGERY." Includes minor surgical procedures such as: 1) All endoscopic examinations. 2) Radiopaque dye injections for scans or other radiographic study purposes. 3) Implantation of <u>transvenous</u> pacemakers. COLON-RECTAL (PROCTOLOGY): Minor surgery includes office or hospital outpatient procedures, such as: 1) Surgical or other removal of polyps. If due to size, location, or for other reasons (suspected or confirmed malignancy) the surgical removal of the polyps is done "inpatient", such surgery is considered major surgery. Polyps are nodules or neoplastic (new growth) tissue found on mucous membranes of the nose, bladder, stomach, large intestine, anus and rectum; 2) Surgical treatment of external hemorrhoids (those outside the anal sphincter). <u>NOTE</u> : Surgical treatment of fissures and/or fistulae would be major surgery. 3) Biopsies. |
| 80285 | Laryngology - Minor Surgery: Includes office and hospital outpatient department minor surgery, including pneumatic or mechanical esophageal dilation, <u>not</u> including tonsillectomies or adenoidectomies which are major surgery. |
| 80286 | Neoplastic Diseases - Minor Surgery: Related office and/or hospital outpatient department minor surgical procedures, such as surgical or other (via electro-cautery or fulguration removal) of polyps are included. |
| 80288 | Neurology - Minor Surgery: Minor surgical procedures include: 1) Myelograms. 2) Injection of radiopaque dyes for radiologic study purposes. 3) Encephalograms. 4) Computerized tomograms of the brain, with or without contrast enhancement (C-T scans). |
| 80114 | Surgery - Ophthalmology: Minor Surgical procedures include office or hospital outpatient department such as: a) Incision and drainage of internal hordeolum (styes); b) Excision of large cysts (large chalazia, etc.); c) Lacrimal (tear) duct surgery; d) Eyelid surgery-necessarily done in treatment of disease or defect, not intended as plastic cosmetic (blepharoplasty). In addition to the procedures previously described, also includes major surgical procedures such as: 1) Enucleation (removal of the eye from its socket), 2) Re-attachment of detached retinas, 3) Cataract removal, 4) Intra-ocular lens implantations, 5) Eye muscle surgery, 6) Removal of embedded foreign objects, 7) Corneal transplants, 8) Other intra-ocular surgery, or 9) Radial keratotomy. |

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| 80290, 80270, 80285 and 80291 | Otology/Rhinology/Laryngology/Otorhinolaryngology - Minor Surgery: Minor surgical procedures include office or hospital outpatient department procedures such as myringotomies - incision of the tympanic membrane with tubes, as well as removal of polyps (otopolypus). Also includes office or hospital outpatient department procedures such as: 1) Corrective surgery for deviation of the septum. (Where the deviation requires inpatient surgery, a major surgical specialist code applies). 2) Surgical removal of benign tumors such as nasal polyps, warts and/or small blood vessel tumors known as hemangiomas. NOTE: The following are included only under procedures performed by a major surgical specialist: 1) Surgical treatment of cancer of the nose and sinuses. 2) Treatment of nasal fractures with marked displacement and deformity. |
| 80292 | Pathology (Clinical and or Anatomical) Minor Surgery: That branch of medicine which deals with the origin, nature, causes and development of disease. Clinical pathology pertains to the symptoms and cause of a disease as observed by the physician, as opposed to the anatomic changes found by the pathologist. |
| 80293 | Pediatrics - Minor Surgery: If more than 10% of the physician's practice is devoted to patients placed in a Neonatal Intensive Care Unit, or Tertiary Care Unit, this code will apply. |
| 80280 | Radiology - Diagnostic and Therapy - Minor Surgery: Includes injection of radiopaque dye into blood vessels, lymphatics, sinus tracts, fistulae, spinal cord or intrathecally for radiologic diagnostic study. All radiological invasive diagnostic procedures are included under this classification, i.e., angiography; arteriography; complete fluoroscopic procedure. This code also applies to any Radiologist who performs radiation therapy. In addition to the procedures previously described, radiation therapy is included, meaning the insertion of irradiated substances, for therapeutic purposes, into the body via natural orifices, or interstitially, (not including irradiated substances administered orally). |
| 80424 | Urgent Care Physicians: This classification applies to any general practitioner or specialist providing immediate care in an outpatient clinic advertised as urgent care, emergi-care, etc., but not involving emergency practice. Similar practice in a hospital setting or that accepts ambulance service shall be considered emergency medicine. |

Additional Guidelines Related to HCSF Classification Group 3

NOTE: Any applicant who would otherwise be classified as Physician - No Surgery, who performs any of the following procedures shall be classified as Physician - Minor Surgery:

- 1 spinal or caudal (coccygeal area) anesthesia;
- 2 protoscopies or sigmoidoscopies for office or hospital outpatient department removal of colon/rectal polyps or for biopsy of other colon/rectal polyps or for biopsy of other colon/rectal tissue; colonoscopies;
- 3 office or hospital outpatient department ligation of internal hemorrhoids;
- 4 office or hospital outpatient surgical treatment of external hemorrhoids;
- 5 all endoscopies;
- 6 exchange transfusions in the newborn, by a pediatrician, exceeding 3, on an average, in a calendar year, would be classified as minor surgery;
- 7 needle biopsy of the prostate (transperietal or via cystoscope), whether or not a "closed" or "open" needle is used, and whether or not the biopsy is a "percutaneous" one;
- 8 computerized tomogram (C-T scans) of the brain – with or without enhancement (using a radiopaque dye); all other scans using radiopaque dyes would also be minor surgical procedures;
- 9 myringotomies (incision of the tympanic membrane, or eardrum) with tubes;
- 10 lymphangiography;
- 11 sialography; (radiographic photograph of a salivary duct);
- 12 radiopaque dye injections into blood vessels, lymphatics, sinus tracts, fistulae, spinal cord or intrathecally (via sheath of a tendon) for radiologic diagnostic study;
- 13 PEG - percutaneous endoscopic gastrostomy;
- 14 percutaneous tracheostomy;
- 15 radiation therapy - the insertion of irradiated substances, for therapeutic purposes, into the body via natural orifices, or interstitially;
- 16 shock therapy - the treatment of certain psychotic disorders by the injection of drugs or by electrical shocks - both methods inducing coma, with or without convulsions, (as previously mentioned "cardioversion" performed in life-threatening situations would not serve to increase a physician's premium classification);
- 17 angiography;
- 18 arteriography;
- 19 phlebography;
- 20 discograms;
- 21 myelography;
- 22 pneumoencephalography;
- 23 fluoroscopy (complete procedure);
- 24 permanent pacemakers - transvenous implantation;
- 25 brain mapping, EEG's, EVOC potentials;
- 26 assisting in major surgery on physicians own patients;
- 27 polypectomy - surgical removal of a polyp;
- 28 subclavian or internal jugular catheterization.

| HEALTH CARE STABILIZATION FUND CLASSIFICATION GROUPS | |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FUND CLASS GROUPS | CLASS GROUP DESCRIPTIONS – <i>Important Note: Class Group 15 is the only classification available for providers insured by the Kansas Health Care Provider Insurance Availability Plan.</i> |
| 1 | Physicians-No Surgery - Includes: Allergy, Dermatology, Forensic Medicine, Legal Medicine, Pathology, Psychiatry (both adult and child), Psychoanalysis, Psychosomatic Medicine, Public Health. |
| 2 | Physicians-No Surgery - Includes: Aerospace Medicine, Cardiovascular Disease, Diabetes, Endocrinology, Family Practice, Gastroenterology, General Practice, General Preventive Medicine, Geriatrics, Gynecology, Hematology, Hypnosis, Infectious Diseases, Internal Medicine, Laryngology, Neoplastic Diseases, Nephrology, Neurology (including child), Nuclear Medicine, Nutrition, Occupational Medicine, Ophthalmology, Otolaryngology, Otorhinolaryngology, Pediatrics, Pharmacology, Physiatry, Physical Medicine & Rehabilitation, Pulmonary Diseases, Radiology, Rheumatology, Rhinology, Urgent Care Physicians or other Physicians who are not performing surgery and are not otherwise classified. |
| 3 | Physicians-Performing Minor Surgery or Assisting in Surgery - Includes: Cardiovascular Disease, Dermatology, Diabetes, Endocrinology, Family Practice (no OB procedures), Gastroenterology, General Practice, Geriatrics, Gynecology, Hematology, Infectious Diseases, Internal Medicine, Intensive Care Medicine, Invasive Procedures (as defined and classified by the basic coverage insurer), Laryngology, Neoplastic Diseases, Nephrology, Neurology (including child), Ophthalmology (including minor and major surgery), Otolaryngology, Otorhinolaryngology, Pathology, Pediatrics, Radiology, Rhinology, Shock Therapy or other Physicians who are performing minor surgery and are not otherwise classified. |
| 4 | Family Physicians or General Practitioners-Performing Minor Surgery or Assisting in Surgery - Includes obstetrical procedures, but not Cesarean Sections. |
| 5 | Surgical Specialists - Includes: Broncho-Esophagology, Colon and Rectal, Endocrinology, Gastroenterology, Geriatrics, Neoplastic, Nephrology, Urological, Family Physicians or General Practitioners performing Major Surgery. |
| 6 | Surgical Specialists - Includes: Emergency Medicine (no major surgery), Laryngology, Otolaryngology, or Rhinology. |
| 7 | Specialists In Anesthesiology - Includes: Physicians or DDS certified by the Board of Healing Arts to administer anesthetics. |
| 8 | Surgical Specialists - Includes: Emergency Medicine (including major surgery), Abdominal, Bariatric, Gynecology, Hand, Head and Neck, Plastic (Otorhinolaryngology), Plastic (Not Otherwise Classified), or General (This classification does not apply to any family or general practitioner or to any specialist who occasionally performs major surgery). |
| 9 | Surgical Specialists, includes - Includes: Cardiac, Cardiovascular Disease, Orthopedic, Thoracic, Traumatic, or Vascular. |
| 10 | Surgical Specialists, includes - Includes: Obstetrics, Obstetrics & Gynecology, or Perinatology. |
| 11 | Surgical Specialists, includes - Includes: Neurology (both adult and child). |
| 12 | All Chiropractors |
| 13 | All Nurse Anesthetists |
| 14 | All Podiatrists |
| 15 | All health care providers insured by or subject to the rating rules of the Kansas Health Care Provider Insurance Availability Plan , including authorized basic professional liability self-insurers. |
| 16 | Professional corporations, partnerships, limited liability companies and not-for-profit corporations as included in the definition of health care provider in K.S.A. 40-3401(f). |
| 17 | Medical Care Facilities (includes special hospitals, general hospitals, surgical centers or recuperation centers). |
| 18 | Mental Health Centers or Mental Health Clinics. |
| 19 | Psychiatric Hospitals (selected facilities only). |
| 20 | Persons engaged in approved residency training programs. |
| 21 | Physician Assistants |
| 22 | Nurse-Midwives |
| 23 | Assisted Living Facilities and Residential Health Care Facilities |
| 24 | Nursing Facilities |

Surcharge rates for classification groups 1 – 14 are specific dollar amounts depending on the level of HCSF coverage selected by the health care provider. These dollar amounts increase each year of compliance as the health care provider's liability accrues until the fifth year. Surcharge rates for classification groups 15 – 24 also vary based on the level of HCSF coverage selected. Because commercial insurers normally increase their premiums annually until the fifth year, the actual surcharge payment will also increase even though the percentage rate is the same for each year of compliance.

| HCSF Surcharge Procedures | |
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| | For guidance or assistance, send a question to hcsf@hcsf.org or call 785 291 3777 |
| 1. | Determine the Number of HCSF Compliance Years (for Fund Class Groups 1 through 14): Find the number of years the health care provider has been rendering professional services in Kansas and complying with the Health Care Stabilization Fund (not including time spent in postgraduate training programs that are self-insured by the State of Kansas). |
| 2. | Select Fund Coverage Limits: Initial selection of one of the Fund coverage limits or subsequent selection of lower Fund coverage limit <i>requires</i> the signature of the health care provider on the Fund Notice of Basic Coverage form. <i>Fund coverage limit selections may only be increased by submitting a signed Request For Increased Coverage Limits Application to the Fund Board of Governors.</i> |
| 3. | <p>Modification of the Annual Premium Surcharge Amount is permitted for the following purposes only:</p> <ul style="list-style-type: none"> a. Pro-rata basis for policy periods of less than one year. Pro-rata adjustment will be based on an annual period of 365 days—do not make any adjustments based on a 366 day leap-year. b. Part-time practice adjustments may be applied to the annual dollar surcharge rates only when there are unique circumstances and the basic professional liability insurance company has issued a part-time policy. c. Missouri Modification Factor, applicable to all Fund Class Groups: An additional surcharge amount equal to 30% of the annual dollar surcharge rate shall be added to the surcharge payment of the Kansas resident health care provider who has an active license (registered, etc.) to provide professional services in Missouri. <p>The nature of the modification to the annual dollar surcharge rate for individual health care providers must be identified and explained on the Notice of Basic Coverage form submitted by the professional liability insurer. The surcharge should not be adjusted because the health care provider practices in Kansas part time and practices in another state part time.</p> |
| 4. | Rounding Rule For All Surcharge Payments: All surcharge payments must be rounded to the nearest whole dollar amount. Amounts of <i>49 cents</i> or less shall be rounded down to the next lowest whole dollar. Amounts of <i>50 cents</i> or more shall be rounded up to the next highest whole dollar. |
| 5. | Minimum \$50 Fund Surcharge Payment Per Compliance Period is Required. The minimum surcharge is applicable to all Fund compliance periods, including short-term policy periods and surcharge refund adjustments due to mid-term cancellation or termination of existing Fund compliance periods. |
| 6. | Fund Surcharge Rating for Authorized Self-Insured Health Care Providers: Fund surcharge payments for health care providers who have been issued a Certificate of Basic Professional Liability Self-Insurance in accordance with K.S.A. 40-3414 will continue to be an amount equal to a percentage of the amount the self-insurer would pay for the basic coverage as calculated in accordance with the self-insured rating procedures adopted by the HCSF Board of Governors. |
| 7. | <p>Health care providers, who completed an approved Kansas postgraduate training program and also provided professional services in outside “moonlighting” activities for which basic professional liability insurance coverage was obtained are somewhat unique.</p> <ul style="list-style-type: none"> a. If the resident was insured under an occurrence policy, the moonlighting year or years are not taken into account and the physician’s surcharge is based on the first year of compliance. b. If the resident was insured under a claims-made policy, the moonlighting year or years are taken into account and the physician’s surcharge is based on the second or subsequent year of compliance. |